

**SOUTH CAROLINA STATE BOARD OF DENTISTRY
NITROUS OXIDE MONITORING**

**APPLICATION FORM FOR RE-TEST
FOR CERTIFICATION**

Application must be fully completed with all requested information and fee submitted. Check or money order must accompany the application and is non-refundable and non-transferable.

"Personal information provided in this application may be subject to public scrutiny or release under the S.C. Freedom of Information Act or other provisions of federal and state law."

Name _____
First Middle Last

Home / Mailing Address _____
Street & PO Box (if applicable)

City State Zip
Telephone: Home () _____ Office () _____

Email Address _____ SS# _____

S.C. Dental Hygiene License # _____
(If applicable)

I qualify as an Expanded Duty Dental Assistant: ☐ Yes ☐ No*
(In accordance with Board Regulation 39-13)

*If you are a student, indicate your graduation date: _____

Nitrous Oxide Course Location _____ Date of Course _____

Initial test date failure: _____
Second test date failure: _____

NOTE: You may only re-take the examination two (2) times within one year of your first exam..
Re-tests are given on the second Wednesday of each month.
You must call the Board to schedule the re-take after you have submitted this application.

My signature below certifies that I have read and understand all requirements for certification to monitor nitrous oxide in the instructions sheet for application.

SIGNATURE _____ DATE _____

**MAIL COMPLETED APPLICATION and \$25.00 FEE TO:
SC Board of Dentistry, PO Box 11329, Columbia, SC 29211-1329**